

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: JOSEPH M. IGLESIAS

SERIAL NO.: 09/704,364

FILED: November 2, 2000

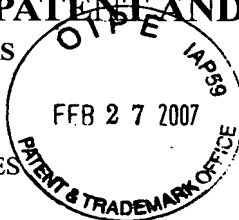
FOR: MOLDED ORTHOPAEDIC DEVICES

CONFIRMATION NO. 4745

GROUP ART UNIT: 3772

EXAMINER: Michael Brown

ATTY. REFERENCE: IGLE3001/JJC



## COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

- ☐ Small entity status under 37 CFR 1.9 and 1.27 is claimed.
- ☐ No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims	26	- 84 <sup>1</sup>	= 0 <sup>3</sup>	× \$ 25 =	× \$ 50 =
Independent Claims	6	- 10 <sup>2</sup>	= 0 <sup>3</sup>	× \$ 100 =	× \$ 200 =
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$ 180 =	+ \$ 360 =
<b>TOTAL</b>					<b>\$0.00</b>

<sup>1</sup> If less than 20 enter 20.

<sup>2</sup> If less than 3 enter 3.

<sup>3</sup> If less than 0 enter 0.

- ☐ Please charge my Deposit Account Number 02-0200 in the amount of \$ . A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$ 120.00 is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to Deposit Account Number 02-0200.
- ☒ Also enclosed is/are: Petition for Extension of Time (1 month)

23364

Customer Number  
Phone: (703) 683-0500

DATE: February 27, 2007

Respectfully submitted,

JUSTIN J. CASSELL  
Attorney for Applicant  
Registration Number: 46,205